

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
47C State House Station
Augusta, ME 04332-0259

AUTHORIZATION TO CORRECT WAGES

Maine Employer
Account Number

Employer's Name and Address

Authorization is hereby made for an adjustment to the account for the following reasons: _____

Quarter Ending _____ (A separate form must be submitted for each quarter.)

	Item	A. Amount Reported	B. Corrected Amount	C. Difference	Contributions Rate
1.	Total Wages	\$	\$	\$	
2.	Wages in Excess of \$12,000 Per Employee	\$	\$	\$	_____ %
3.	Taxable Wages	\$	\$	\$	CSSF Rate:
4.	Contributions Tax	\$	\$	\$.05% for 2008-2009
5.	CSSF ¹ Tax	\$	\$	\$.06% for 2010- to current year
6.	Total Overpayment	\$	(Do not reduce future tax liabilities by this credit.)		
7.	Total Underpayment	\$	(Please remit payment with this report.)		

>>> MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER, STATE OF MAINE<<<

8. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS

Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
------	-----------	-------	-----------

QUESTIONS ABOUT THIS FORM?

Contact a Wage Record Representative at (207) 621-5120 Fax: (207) 287-3733
TTY (Deaf / Hard of Hearing): Maine Relay 711 Email address: division.uctax@maine.gov